

Amherst Health Department
Environmental Health Services

APPLICATION FOR LICENSE

_____, 200__

FEE \$125.00

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto:

REMOVAL OF OFFAL

(Full **name** and **address of person**, firm or corporation **making application**)

State clearly purpose for which license is requested_____

Give business location by street and number_____

in said Town of Amherst in accordance with the rules and regulations made under authority of the Statutes.

Business Phone Number_____ Home Phone Number_____

Federal I. D. Number_____ Social Security Number_____

Signature of Applicant_____

Return to: Environmental Health Services
Bangs Community Center, 2nd Fl
70 Boltwood Walk
Amherst, MA 01002

Make check payable to: **Town of Amherst**